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**\*BIBDATASHEET\***

Bib Data Sheet

**CONFIRMATION NO. 7731**

SERIAL NUMBER	FILING OR 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/783,880	02/19/2004	606	3739	2502187.991100

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/450,243 02/25/2003 and claims benefit of 60/450,598 02/26/2003 and claims benefit of 60/451,091 02/28/2003 and claims benefit of 60/452,304 03/04/2003 and claims benefit of 60/451,981 03/04/2003 and claims benefit of 60/452,591 03/06/2003 and claims benefit of 60/456,379 03/20/2003 and claims benefit of 60/456,586 03/21/2003 and claims benefit of 60/458,861 03/27/2003 and claims benefit of 60/472,056 05/20/2003 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*Note 16*  
**IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED \*\* 05/13/2004**

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	11	145	6
Verified and Acknowledged	<i>[Signature]</i>	Examiner's Signature	Initials		

**ADDRESS**

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**TITLE**

Self-contained, eye-safe hair-regrowth-inhibition apparatus and method

<b>FILING FEE</b> FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees
<b>RECEIVED</b> No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> 1.16 Fees ( Filing )
1639 No. _____ for following:	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
	<input type="checkbox"/> 1.18 Fees ( Issue )
	<input type="checkbox"/> Other _____
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